

STATE OF MICHIGAN
DEPARTMENT OF LABOR & ECONOMIC GROWTH
OFFICE OF FINANCIAL AND INSURANCE SERVICES
Before the Commissioner of Financial and Insurance Services

In the matter of

XXXXX

Petitioner

File No. 87306-001

v

American Medical Security Life Insurance Company
Respondent

Issued and entered
This 3rd day of March 2008
by Ken Ross
Commissioner

ORDER

I
PROCEDURAL BACKGROUND

On January 22, 2008, **XXXXX** (Petitioner) filed a request for external review with the Commissioner of Financial and Insurance Services under the Patient's Right to Independent Review Act, MCL 550.1901 *et seq.* The Commissioner reviewed the information and accepted the request on January 29, 2008.

The Commissioner notified American Medical Security Life Insurance Company (AMS) of the external review and requested the information used in making its adverse determination. The company provided information on January 28 and 29, 2008.

The Petitioner has health care coverage under a group policy with AMS. The issue here can be decided by an analysis of the terms of that policy. The Commissioner reviews contractual issues pursuant to MCL 550.1911(7). This matter does not require a medical opinion from an independent review organization.

II
FACTUAL BACKGROUND

The Petitioner suffered significant fractures of teeth #'s 7 and 8 as a result of an accident on July 9, 2006. The teeth were stabilized surgically and subsequently treated with root canals and crowns. The dentist submitted a claim for \$2,181.00 for the services. AMS denied the claim.

After the Petitioner appealed AMS maintained its denial and issued a final adverse determination on January 10, 2008.

III ISSUE

Is AMS correct in denying coverage for the Petitioner's dental procedure?

IV ANALYSIS

Petitioner's Argument

The Petitioner argues since he no longer has feeling in the affected teeth due to root canals and the appearance of the teeth was changed dramatically, he believes his natural teeth are gone. The Petitioner believes that AMS should provide coverage for his dental procedures as first time replacement of natural teeth as provided in his policy under miscellaneous expenses.

Respondent's Argument

AMS says that it denied coverage because the only coverage for dental services under the Petitioner's medical plan is the replacement of natural teeth due to injury. The Certificate includes the following provisions:

LIMITATIONS AND EXCLUSIONS

Policy benefits are subject to limitations and exclusions described below. Except as may be provided otherwise by a rider attached to the certificate, the Policy does not cover:

* * *

14. Dental treatment resulting from chewing injuries; dental implants, and dental treatment except as described in the certificate;

MISCELLANEOUS EXPENSE

These items are provided as Covered Expenses by the Policy:

* * *

7. First-time replacement of natural teeth lost because of Injury;

Finally, AMS states that the Petitioner's teeth #'s 7 and 8 were not replaced but repaired with root canals and crowns and therefore no benefits are available.

Commissioner's Review

The Commissioner has considered the arguments of both parties and reviewed the provisions of the Petitioner's policy. In deciding this case, the Commissioner is bound by the terms and conditions of the policy.

The Petitioner's policy provides only limited coverage for dental treatment involving replacement of natural teeth due to injury. Performing root canals and crowns do not constitute the replacement of natural teeth since, with these procedures, a portion of the natural tooth remains. Therefore, the dental care Petitioner received is not covered by the AMS policy. The Commissioner finds AMS processed the Petitioner's request consistent with the terms of the policy.

**V
ORDER**

The Commissioner upholds AMS Life Insurance Company's adverse determination.

This is a final decision of an administrative agency. Under MCL 550.1915, any person aggrieved by this Order may seek judicial review no later than sixty days from the date of this Order in the Circuit Court for the county where the covered person resides or in the Circuit Court of Ingham County. A copy of the petition for judicial review should be sent to the Commissioner of the Office of Financial and Insurance Services, Health Plans Division, Post Office Box 30220, Lansing, MI 48909-7720.